PHYSICAL ACTIVITY

Regular physical activity is critical for people of all ages to achieve and maintain a healthy body weight, prevent chronic disease, and promote psychological well-being. In older adults, physical activity also helps to prevent falls and improve cognitive functioning.[1] The 2008 Physical Activity Guidelines for Americans recommend that for substantial health benefits, adults should engage in at least 2½ hours per week of moderate intensity (e.g., brisk walking or gardening) or 1¼ hours per week of vigorous-intensity aerobic physical activity (e.g., jogging or kick-boxing), or an equivalent combination of both, plus muscle-strengthening activities on at least 2 days per week. Additional health benefits are gained by engaging in physical activity beyond this amount.[1]

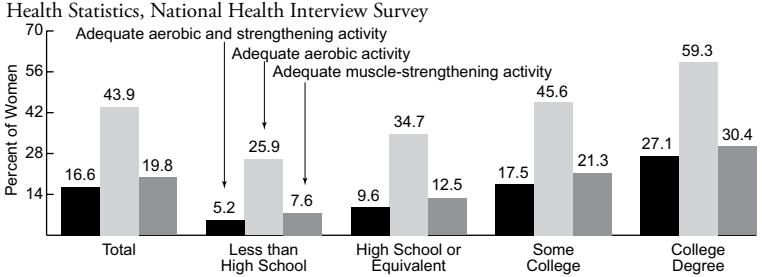
In 2009–2011, 16.6 percent of women met the recommendations for both adequate aerobic and muscle-strengthening activity, compared to 24.0 percent of men (data not shown). Muscle-strengthening activities provide additional benefits to those of aerobic exercise, such as increased bone strength[1]; however, women were much less likely to meet recommended levels of muscle-strengthening activity as compared to aerobic activity (19.8 versus 43.9 percent, respectively).

Physical activity varied by education and race and ethnicity. Compared to women with less than a high school diploma, women with a college degree were more than twice as likely to meet aerobic activity guidelines (59.3 versus 25.9 percent, respectively) and four times as likely to meet muscle-strengthening guidelines (30.4 versus 7.6 percent, respectively). Non-Hispanic White women and non-Hispanic women of multiple races were generally more likely to report adequate levels of aerobic activity and muscle-strengthening activity than women of other race and ethnic groups. For example, about 23 percent of non-Hispanic White and non-Hispanic women of multiple races reported adequate levels of muscle-strengthening activity compared to 15 percent or less among women of other races and ethnicities.

While not everyone may have access to fitness facilities, communities can promote physical activity through designs that include sidewalks, crosswalks, bike lanes, walking trails, and parks.[1]

Adequate Physical Activity* Among Women Aged 18 and Older, by Educational Attainment and Activity Type, 2009–2011

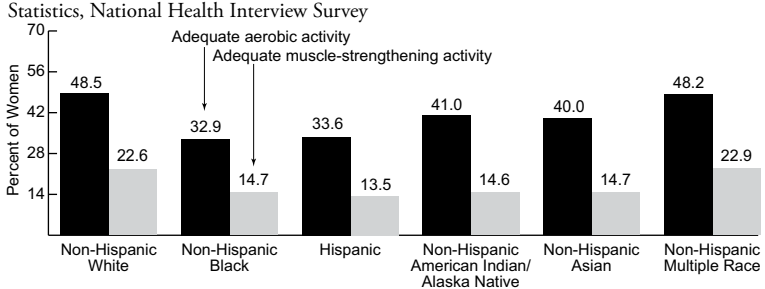
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



**Adequate aerobic activity is defined as 2.5 hours per week of moderate-intensity activity or 1.25 hours per week of vigorous-intensity activity, or an equivalent combination of both; adequate muscle-strengthening activity is defined as performing muscle-strengthening activities, such as lifting weights or calisthenics, on 2 or more days per week; all estimates are age-adjusted.*

Adequate Physical Activity* Among Women Aged 18 and Older, by Race/Ethnicity and Activity Type, 2009–2011**

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



**Adequate aerobic activity is defined as 2.5 hours per week of moderate-intensity activity or 1.25 hours per week of vigorous-intensity activity, or an equivalent combination of both; adequate muscle-strengthening activity is defined as performing muscle-strengthening activities, such as lifting weights or calisthenics, on 2 or more days per week; all estimates are age-adjusted. **The sample of Native Hawaiian/Other Pacific Islanders was too small to produce reliable results.*

NUTRITION

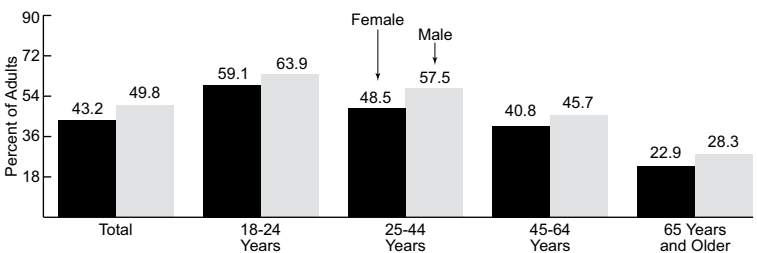
The 2010 Dietary Guidelines for Americans recommends eating a variety of nutrient-dense foods while not exceeding caloric needs.[2] Nutrient-dense foods include fruits, vegetables, whole grains, lean meats and poultry, eggs, beans, and peas. Studies have shown that people who frequently eat fast foods are less likely to consume these nutrient-dense foods and more likely to be obese.[3]

In 2007–2010, based on two non-consecutive 24-hour dietary recalls, 43.2 percent of women reported that they had consumed fast food compared to 49.8 percent of men. On average, however, both women and men who ate fast food consumed roughly one fourth of their total daily calories from such items (data not shown). Fast food consumption decreased with age. For example, 59.1 percent of women aged 18–24 years reported fast food consumption which declined to 22.9 percent among women aged 65 and older. Over half of non-Hispanic Black women consumed fast food (55.5 percent), followed by 47.8 percent of Mexican American women, and 41.4 percent of non-Hispanic White women (data not shown).

In addition to fast food, it is recommended that adults limit their intake of sugar-sweetened beverages, such as non-diet soda, flavored water, energy drinks, and sports drinks, because these items provide excess calories with little nutritional value[2] and have been associated with an increased risk of obesity and diabetes.[4] In 2007–2010, men were more likely than women to have consumed sugar-sweetened beverages (57.2 and 48.5 percent, respectively). Sugar-drink consumption varied by household income. For example, about 60 percent of women with household incomes of less than 200 percent of poverty consumed sugar drinks compared to 36.3 percent of women with incomes of 400 percent or more of poverty. With respect to race and ethnicity, sugar-drink consumption ranged from 43.2 percent among non-Hispanic White women to 66.1 percent among non-Hispanic Black women (data not shown). For data on fruit and vegetable consumption, see *Women's Health USA 2012*.

Fast Food Consumption* Among Adults Aged 18 and Older, by Age and Sex, 2007–2010

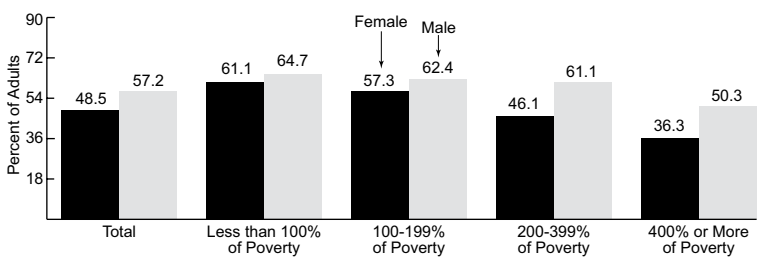
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



**Estimates are based on two non-consecutive 24-hour dietary recalls; fast food includes foods with the source of food coded as "restaurant fast food/pizza;" total estimates are age-adjusted.*

Sugar-Sweetened Beverage Consumption* Among Adults Aged 18 and Older, by Poverty Level and Sex, 2007–2010**

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



**Estimates are based on two non-consecutive 24-hour dietary recalls; sugar drinks include fruit drinks, sodas, energy drinks, sports drinks, and sweetened bottled waters and do not include diet drinks, 100% fruit juice, sweetened teas, and flavored milks; all estimates are age-adjusted. **Poverty level, defined by the U.S. Census Bureau, was $22,314 for a family of four in 2010.*

ALCOHOL USE

Ethyl alcohol is an intoxicating ingredient found in beer, wine, and liquor which is produced by the fermentation of yeast, sugars, and starches. While moderate alcohol consumption may have some health benefits[2] – depending, in part, on the characteristics of the person consuming the alcohol – excessive drinking can lead to many adverse health and social consequences including injury, violence, risky sexual behavior, alcoholism, unemployment, liver diseases, and various cancers.[5] Women tend to face alcohol-related problems at a lower drinking level than men due to differences in body size and other biological factors.[6] Women who binge drink are also at greater risk of unintended pregnancy, which tends to delay pregnancy recognition and increase fetal alcohol exposure and risk of fetal alcohol spectrum disorders.[7]

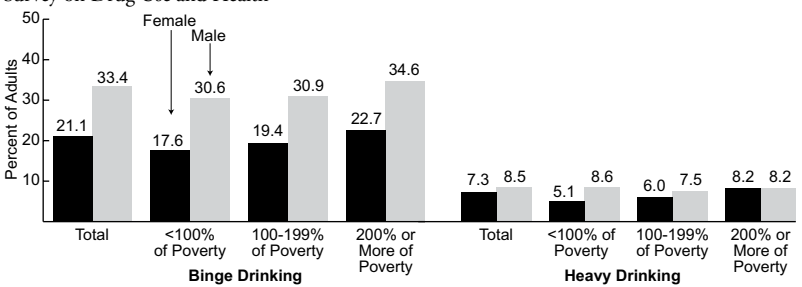
The Centers for Disease Control and Prevention defines binge drinking as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men (usually over the course of about 2 hours).[2] Heavy drinking is defined as consuming on average more than one drink per day for women and two drinks per day for men.

In 2009–2011, men were more likely than women to report both binge drinking (33.4 versus 21.1 percent, respectively) and heavy drinking (8.5 versus 7.3 percent, respectively) in the past 30 days. However, among women, heavy drinking increased with household income, and at incomes of 200 percent or more of the poverty level women and men were equally likely to drink heavily (8.2 percent). Binge drinking tended to increase with income for both women and men.

Binge and heavy drinking also varied significantly by age and race/ethnicity. Nearly 38 percent of women aged 18–25 years reported binge drinking in the past month compared to 6.2 percent of women aged 65 and older. Heavy drinking was also more common among women aged 18–25 years (11.4 percent) and decreased to less than 7 percent among women aged 35 and older. With respect to race and ethnicity, past-month binge drinking ranged from 9.0 percent among non-Hispanic Asian women to about 25 percent among non-Hispanic White and non-Hispanic Native Hawaiian/Other Pacific Islander women (data not shown).

Past-Month Binge and Heavy Drinking* Among Adults Aged 18 and Older, by Poverty Level and Sex, 2009–2011**

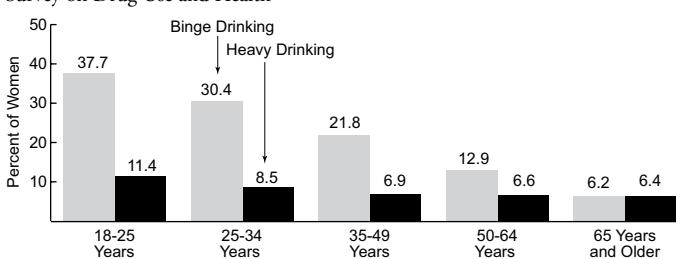
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Binge drinking indicates drinking four or more drinks on a single occasion for women and five or more drinks on a single occasion for men usually over the course of about 2 hours. Heavy drinking indicates consumption of more than one drink per day on average for women and two drinks per day on average for men. All estimates are age-adjusted. **Poverty level, defined by the U.S. Census Bureau, was $23,021 for a family of four in 2011.

Past-Month Binge and Heavy Drinking* Among Women Aged 18 and Older, by Age, 2009–2011

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Binge drinking indicates drinking four or more drinks on a single occasion for women and five or more drinks on a single occasion for men usually over the course of about 2 hours. Heavy drinking indicates consumption of more than one drink per day on average for women and two drinks per day on average for men.

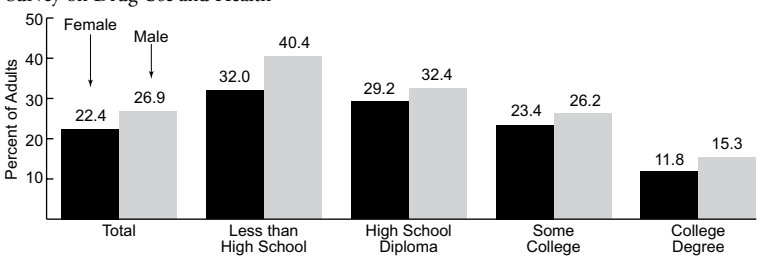
CIGARETTE SMOKING

According to the U.S. Surgeon General, smoking damages every organ in the human body.[8] Cigarette smoke contains toxic ingredients that prevent red blood cells from carrying a full load of oxygen, impair genes that control the growth of cells, and bind to the airways of smokers. This contributes to numerous chronic illnesses, including several types of cancers, chronic obstructive pulmonary disease (COPD), cardiovascular disease, reduced bone density and fertility, and premature death.[8] Due to its high prevalence and wide-ranging health consequences, smoking is the single largest cause of preventable death and disease for both men and women in the United States, accounting for an estimated 443,000 premature deaths annually.[9] In 2009–2011, women aged 18 and older were less likely than men to report cigarette smoking in the past month (22.4 versus 26.9 percent, respectively). For both men and women, smoking was more common among those with lower levels of educational attainment. For example, 32.0 percent of women and 40.4 percent of men without a high school diploma smoked in the past month, compared to 11.8 percent of women and 15.3 percent of men with a college degree. Smoking also varied by race and ethnicity. Among women, smoking prevalence ranged from 6.9 percent among non-Hispanic Asians to 33.9 percent among non-Hispanic American Indian/Alaska Natives (data not shown).

Quitting smoking has major and immediate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.[8] In 2009–2011, 8 to 9 percent of women and men who had ever smoked daily and smoked in the previous 3 years had not smoked in the past year. For both women and men, the proportion of adults who quit smoking varied by educational attainment. For example, women with college degrees were almost twice as likely to have quit smoking as women who did not finish high school (12.2 versus 6.2 percent, respectively). The Affordable Care Act required new, private insurance plans to cover tobacco cessation treatment and counseling without cost-sharing in 2010 and will require the same for plans in the health insurance marketplaces in 2014.[10]

Past-Month Cigarette Smoking* Among Adults Aged 18 and Older, by Educational Attainment and Sex, 2009–2011

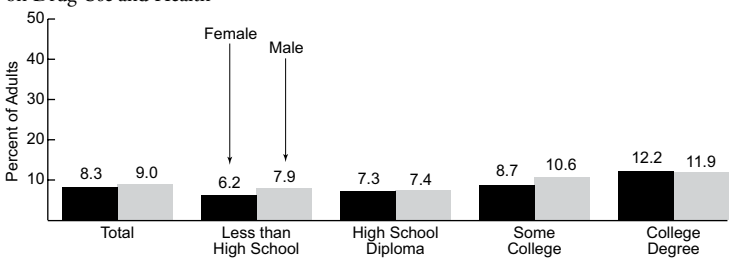
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*All estimates are age-adjusted.

Past-Year Smoking Cessation* Among Adults Aged 18 and Older, by Educational Attainment Level and Sex, 2009–2011

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Defined as the proportion of adults who did not smoke in the past year among those who ever smoked daily at some point in their lives and smoked in the past 3 years; excludes adults who started smoking in the past year. All estimates are age-adjusted.

ILLICIT DRUG USE

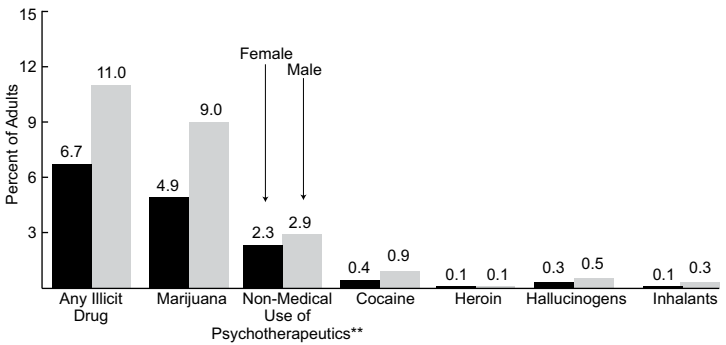
Illicit drug use is associated with serious health and social consequences, including addiction and drug-induced death, impaired cognitive functioning, kidney and liver damage, infections—including HIV and hepatitis—decreased productivity, and family disintegration.[11,12] Federally illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type psychotherapeutic drugs, such as pain relievers, stimulants, and sedatives.[11] Poisoning deaths, most of which are drug-related, are rising with abuse of prescription pain relievers and have surpassed motor vehicle accidents as the leading cause of fatal injury in the United States.[13]

In 2009–2011, 6.7 percent of women aged 18 years and older reported using an illicit drug within the past month, compared to 11.0 percent of adult men. The most commonly used drugs among both women and men were marijuana (4.9 and 9.0 percent, respectively) and non-medical use of psychotherapeutic drugs (2.3 and 2.9 percent, respectively). Fewer than 1 percent of women and men reported using cocaine, heroin, hallucinogens, or inhalants.

Illicit drug use varied greatly by age and race and ethnicity. Among women, for example, 17.2 percent of those aged 18–25 years reported using an illicit drug in the past month compared to less than 5 percent of women aged 50 years and older (data not shown). Non-Hispanic Asian women and Hispanic women were less likely than women of all other racial and ethnic groups to report using illicit drugs in the past month (2.2 and 4.7 percent, respectively). Illicit drug use was more common among non-Hispanic women of multiple race (9.1 percent) and non-Hispanic White women (7.5 percent) than among non-Hispanic Black women (6.7 percent); no other racial and ethnic differences were significant.

Past-Month Use of Illicit Drugs* Among Adults Aged 18 and Older, by Drug Type and Sex, 2009–2011

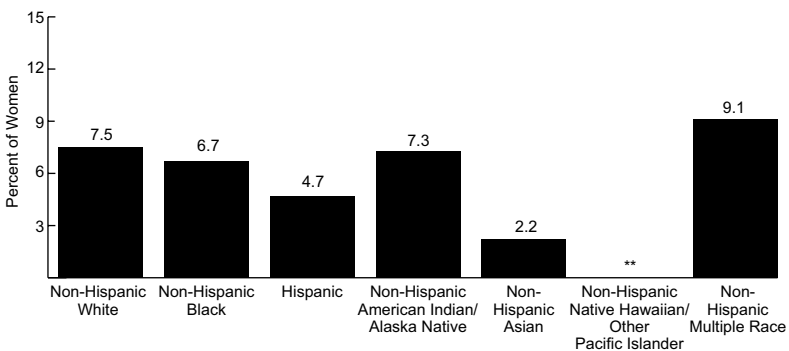
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and any prescription-type psychotherapeutic drugs used for non-medical purposes; all estimates are age-adjusted. **Includes prescription-type pain relievers, tranquilizers, stimulants, and sedatives, but not over-the-counter drugs.

Past-Month Use of Any Illicit Drug* Among Women Aged 18 and Older, by Race/Ethnicity, 2009–2011

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and any prescription-type psychotherapeutic drugs used for non-medical purposes; all estimates are age-adjusted. **Estimate does not meet the standards of reliability or precision.